

# Residential Substance Use Disorder Treatment

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IMAC Meeting



# Background

- The Section 1115 BadgerCare Reform Demonstration Waiver approved in 2018 allowed DHS to establish a residential substance use disorder (SUD) treatment benefit.
- The Residential SUD Treatment benefit allows Health Care members to receive substance use disorder treatment in all state-certified residential programs, which includes community-based residential facilities (CBRFs), hospitals, and institutions for mental disease (IMDs).

# Background

- Residential SUD Treatment is a benefit available to members of full-benefit BadgerCare Plus and Medicaid programs, not a new eligibility category.
- There are two treatment types:
  - High-intensity treatment lasting 30 to 60 days.
  - Low-intensity treatment lasting three to six months.
- The Residential SUD Treatment benefit is distinct from the Treatment Needs Question.

# Background

- RSUD Benefit and related Health Care and FoodShare policy changes were effective February 1, 2021.
- Temporary worker processing instructions are currently in use from February 1 through October 29.
- System changes to be released on October 30.
- IM workers will no longer need to use the temporary processing instructions for members who receive residential SUD treatment.
- Workers do not need to update cases for members who currently receive residential SUD treatment.

# Policy Changes

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# Health Care

- Members receiving residential SUD treatment are considered temporarily absent from the home while in treatment (except for Institutional Medicaid members).
- An individual of any age who is receiving residential SUD treatment while residing in an IMD can be eligible for BadgerCare Plus or Medicaid as long as they meet all other program rules.
- A member residing in a medical institution solely for the purpose of receiving residential SUD treatment is not considered an institutionalized person.
  - Patient liability will not apply.
  - Divestment will not apply.
  - Spousal impoverishment will not apply.

# FoodShare

- Residential SUD treatment is considered to be the same as receiving AODA treatment.
- Members who reside in a hospital or IMD and are receiving AODA treatment can be eligible for FoodShare.
- Members who reside in a facility to receive AODA treatment are considered temporarily absent unless they are using their card at the facility.
- Members receiving inpatient treatment including those residing in a CBRF, hospital, or IMD are exempt from the work registration requirement and the ABAWD work participation requirements.
- A member receiving residential SUD treatment will receive the existing AODA exemption.
- Verification for an exemption from the work registration requirements is not required unless the exemption is questionable.
- FoodShare members will be required to verify this for ABAWD exemptions.

# System Functionality

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# System Functionality

- Changes to Current Demographics Page
- New Residential SUD Treatment Information Page
- Changes to FS Work Registrant/ABAWD Information Page
- Ability to upload RSUD form using ACCESS/Myaccess
- Correspondence Changes

# Worker Dashboard

My Dashboard		View Workload Dashboard				
Work Items		Days Left To Complete				
Category	Total	<1	1-7	8-14	15-30	>30
Applications	0					
Renewals / Reviews	0					
SMRFs	0					
Potential Errors	0					
Discrepancies	0					
<input type="checkbox"/> Documents	1			1		
<input type="checkbox"/> Received	1			1		
Residential Substance Use Document (RSUD)	1			1		

- As is currently the case, CARES creates a work item when the provider verification form ([F-02766](#)) is scanned by DPU staff.

# Current Demographics Page

- IMD (6), Hospital (20), CBRF(23) living arrangement codes will enable this question
- “Yes” response will schedule the Residential SUD Treatment Information page

**Living Arrangement Information**

Effective Period  
Begin Month: 12 / 2020 Last Updated: 12/21/2020

**Living Arrangements**

Living Arrangement Type: 01 - INDEPENDENT (HOME/AP) Verification: AF - AGENCY FORM  
Living Arrangement Date: MM / DD / YYYY  
Minor Parent Living Arrangement:   
Is this person considered part of the health care household?   
DOC Record Query

**Residential SUD Treatment Details**

Is this individual receiving residential SUD treatment in the facility?   
Homelessness Information

Expects to have a regular nighttime residence in the next 30 days?   
Has this individual experienced homelessness in the past 12 months?   
Child Out of Home Details

Is this a child living outside this home and in Foster Care or court-ordered Kinship Care?   
Are the parents / caretakers cooperating to re-unite with this child? Verification:   
Tax Dependent / Tax Co-Filer Out of Home Details

Is this individual a tax dependent or tax co-filer living outside of the household? No   
W-2 Temporary Absence Information

Is this Child Temporarily Absent from the home?:   
Absence Begin Date: MM / DD / YYYY Temporary Absence Verification:   
Expected Return Date: MM / DD / YYYY   
CLA Exemption Information

Exemption Reasons:   
Huber Program Participant Details

Does this person have a Huber Program exemption for Health Care and/or FoodShare? Verification:   
Does this person have a Huber Program exemption for W-2? Verification:   
Incarceration Information

Enter New Begin Month: MM YYYY Go

# New Residential SUD Treatment Information Page

### Navigation Menu

- Search
  - CARES Home
  - Search
  - Inbox Search
  - Unlinked Documents
- RFA / Case
  - Client Registration (0)
  - Case Summary
  - Case Comments
  - Expected Changes
  - Application Entry (2)
    - Case Information
    - Individual Demographics
    - Benefits/School
    - Individual Non Financial
      - Summary
      - Gatepost
      - Pregnancy
      - Disability
      - MAPP
      - Prior SSI
      - Newborn
      - Residential SUD
        - Treatment Needs Question
        - Health Survey
        - Drug Felon

### Residential SUD Treatment Information

Cancel  Reset

Total: 1

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**Effective Period**

Begin Month: 07 / 2021 End Month: MM / YYYY Last Updated:

Delete Reason:

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**Individual Information**

Individual: [REDACTED] Sequence: 1

Is this individual requesting long term care services?

Is this individual using FS benefits at the facility?

Are children living with you in the facility?

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**Treatment Information**

Admission / Transfer Date: 07 / 01 / 2021 Verification: AF - AGENCY FORM

Discharge Date: MM / DD / YYYY Verification:

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**Facility Information**

Facility Name: Community Services Is this facility certified to provide Medicaid residential SUD treatment?

Number	Unit	Direction	St / Rural Rt / Box Number	Suffix	Quadrant	Apt
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Address Info:

City:  State:  ZIP:  -  Phone:

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**Comments**

Comments: Residential SUD treatment information is reported by facility.

Current Size = 62 characters (1000 characters max.)

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Enter New Begin Month: MM YYYY Go

# New Residential SUD Treatment Information Page

## Individual Information Section

- Is this individual using FS benefits at the facility?
  - FS members who use FS benefits while residing in the facility must be on their own case.
- Are children living with you in the facility?
  - If answered yes, it will list children from the case.
  - Workers will need to mark which child or children reside in the facility.
  - A child marked as living with a parent in the facility will be eligible on that parent's case.

## Facility Information section

- Is the facility certified to provide Medicaid Residential SUD treatment?
  - Required only for Health Care cases in IMD
  - If an individual is between the age of 21 and 64 and receiving residential SUD treatment, they are only eligible if the answer to this question is "Yes".

# FS Work Registrant/ABAWD Information

- A new question “Is the member receiving RSUD treatment at the facility?” has been added
- RSUD treatment will use the existing AODA exemption – DR code.

**Navigation Menu**

Search

- ▢ CARES Home
- ▢ Search
- ▢ Inbox Search
- ▢ Unlinked Documents
- RFA / Case
  - ▢ Client Registration ( 0 )
  - ▢ Case Summary
  - ▢ Case Comments
  - ▢ Expected Changes
  - ▢ Application Entry ( 0 )
    - ▢ Case Information
    - ▢ Individual Demographics
    - ▢ Benefits/School
    - ▢ Individual Non Financial
    - ▢ Other Health Care Programs
    - ▢ Asset Information
    - ▢ Employment Queries
    - ▢ Employment
    - ▢ Unearned Income
    - ▢ BC+ Tax Deductions
    - ▢ Expenses
    - ▢ Medical
    - ▢ Tax Filing Information
    - ▢ Yearly Income
    - ▢ W-2/Child-Care

**FS Work Registrant / ABAWD Information** Cancel  Reset

Effective Period

\* Begin Month: 07 / 2021      End Month: MM / YYYY

Delete Reason:       Last Updated:

**Additional Exemption Information**

\* Individual:

\* Is this individual in compliance with a W-2 work program?

\* Is this individual the primary caretaker of a child under age 6 out of home?       Verification:

\* Is this individual the primary caretaker of an incapacitated individual outside of the home?       Verification:

**ABAWD Work Requirement**

\* Is this individual participating in an allowable work program?       Verification:

If Yes, which work program is the individual participating in?

On average, how many hours per month does this individual participate in the selected work program?

**Most Recent ABAWD Work Requirement**

\* Is this individual meeting the ABAWD work requirement by working (employment, self-employment, in-kind, and volunteer hours)?

**Most Recent ABAWD Exemptions**

\* Individual Pregnant?       Verification:

\* Expects to have a regular nighttime residence in the next 30 days?

\* Is this individual part of an ABAWD waiver county?

\* Is this individual part of the ABAWD waiver tribal lands?

**Most Recent Exemption Information**

\* Is this individual meeting Work Registrant requirement by working (employment and self-employment)?

\* Is this individual currently physically or mentally incapable of working?      Verification:

\* Is a household member needed to care for this person?

\* Primary Caretaker:      Verification:

\* Has this individual applied for or is this individual receiving unemployment compensation?       Verification:

\* Is this individual an inpatient / outpatient participating in a drug or alcohol treatment program?       Verification:

**\* Is the member receiving RSUD Treatment at the facility?       Verification:**

\* Has this individual received SSDI Payments?       Verification:

\* Has this individual received SSI Payments?       Verification:

\* Has this individual received an SSI Letter?       Verification:

Enter New Begin Month: MM / YYYY

# Access/MyAccess

**ACCESS** Systems

Your case number: [REDACTED]

**Person and Proof Type**

Please select the person that you would like to upload a document for and the type of proof you are providing for that person.

\* Case number [REDACTED] ▼

\* Who are you providing proof for? [REDACTED] ▼

\* What are you providing proof of? Residential Substance Use Disorder Treatment ▼

Back Next

- The provider verification form ([F-02766](#)) can be uploaded by the member via ACCESS and MyAccess.

# HC Correspondence

- The case-based NOD will not mention residential SUD treatment because receiving residential SUD treatment is confidential information.
- A new PIN-based NOD will be sent in the following scenarios:
  - When an applicant/member reports entering residential SUD treatment but IM does not receive verification.
  - When a member is discharged from residential SUD treatment and is no longer eligible because of the living arrangement.
    - Example: 30-year-old individual is discharged from residential SUD treatment but remains in an IMD.
- The case-based NOD will have additional language that refers to the PIN-based NOD for the failing individual.



# HC Correspondence

- The case-based NOD will have additional language that refers to the PIN-based NOD for the failing individual.
  - “A different letter was sent to you about this benefit. Please read that letter to learn how you can get this benefit.”

# HC Correspondence

- The PIN-based NOD when a member is discharged from residential SUD treatment and is no longer eligible because of the living arrangement.
- Example: 30-year-old individual is discharged from residential SUD treatment but remains in an IMD.

**Your health care benefits will be ending**

**[REDACTED]**

You are getting this letter because your health care benefits will be ending.

You may be able to keep getting health care benefits if you let your agency know that you have moved back into your home, your living situation has changed, or you are getting residential substance use disorder (SUD) treatment.

When?	Which plan?	Why?
As of May 01, 2021	BadgerCare Plus	You live in a type of medical institution where you can only get this benefit if you are getting residential SUD treatment.

*If you don't agree with this decision, you have the right to a Fair Hearing. Please see the last page of this letter to learn more. You may also talk with the agency listed above.*

Supporting Laws: S.49.471

# FS Correspondence

- No new correspondence will be added.
- The existing case-based NOD will be enhanced for situations when a household member is using FoodShare benefits in the treatment facility.

# Important Dates

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# IM Worker Resources— Update dates

- Ops Memo 21-J1 January 19, 2021
  - [Operations Memo 21-J1, Update to Coverage for Residential Substance Use Disorder Treatment \(wisconsin.gov\)](#)
- CARES Bulletin: 10/25/2021
- Process Help: 10/30/2021
- ACCESS/ECF User Guide: 11/01/2021